

Welcome to the Clinton Township Housing Commission's free application process!

This is not a fill-in form. You will need to print it and fill it out. Once your application is completed, you may bring it to us between the hours of 8:30 a.m. and 4:15 p.m., or mail it to the following address:

Clinton Township Housing Commission
34947 Village Road
Clinton Township MI 48035

The management office is located between Gratiot and Harper, on the South side of 15 Mile Road. We are the third building on the right.

You may also fax it to 586-792-6735. If you mail it or fax it, please call us at 586-791-7000 to confirm our receipt of your application. We can not be held responsible for the failure of a fax machine or the mail delivery.

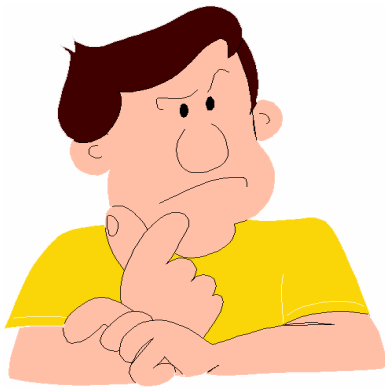
IMPORTANT!!!!

Please read all of the information when filling out this form. The application must be filled out completely. Incomplete information, such as missing birth dates and social security numbers will be considered an incomplete application and will not be processed. If an item does not apply to you, please write N/A on the line where we request the information.

Please PRINT legibly.

All persons over the age of 18 must sign the "Authorization for the Release of Information/Privacy Act Notice" form.

The Housing Commission updates the waiting list approximately once a year by U.S. mail. You will be sent an update form which you must fill out and return by the stated date in order to remain on our waiting list. Failure to do so will result in removal from the list. Therefore, it is important that you keep us informed of your current address at all times. Also, report any changes in family composition, Clinton Township residency, or working status immediately to ensure that you are on the proper bedroom-size waiting list with the proper preferences applied.



APPLYING FOR HUD HOUSING ASSISTANCE?

**THINK ABOUT THIS...
IS FRAUD WORTH IT?**

Do You Realize...

If you commit fraud to obtain assisted housing from HUD, you could be:

- Evicted from your apartment or house.
- Required to repay all overpaid rental assistance you received.
- Fined up to \$10,000.
- Imprisoned for up to five years.
- Prohibited from receiving future assistance.
- Subject to State and local government penalties.

Do You Know...

You are committing fraud if you sign a form knowing that you provided false or misleading information.

The information you provide on housing assistance application and recertification forms will be checked. The local housing agency, HUD, or the Office of Inspector General will check the income and asset information you provide with other Federal, State, or local governments and with private agencies. Certifying false information is fraud.

So Be Careful!

When you fill out your application and yearly recertification for assisted housing from HUD make sure your answers to the questions are accurate and honest. You must include:

All sources of income and changes in income you or any members of your household receive, such as wages, welfare payments, social security and veterans' benefits, pensions, retirement, etc.

Any money you receive on behalf of your children, such as child support, AFDC payments, social security for children, etc.

Any increase in income, such as wages from a new job or an expected pay raise or bonus.

All assets, such as bank accounts, savings bonds, certificates of deposit, stocks, real

estate, etc., that are owned by you or any member of your household.

All income from assets, such as interest from savings and checking accounts, stock dividends, etc.

Any business or asset (your home) that you sold in the last two years at less than full value.

The names of everyone, adults or children, relatives and non-relatives, who are living with you and make up your household.

(Important Notice for Hurricane Katrina and Hurricane Rita Evacuees: HUD's reporting requirements may be temporarily waived or suspended because of your circumstances. Contact the local housing agency before you complete the housing assistance application.)

Ask Questions

If you don't understand something on the application or recertification forms, always ask questions. It's better to be safe than sorry.

Watch Out for Housing Assistance Scams!

- Don't pay money to have someone fill out housing assistance application and recertification forms for you.
- Don't pay money to move up on a waiting list.
- Don't pay for anything that is not covered by your lease.
- Get a receipt for any money you pay.
- Get a written explanation if you are required to pay for anything other than rent (maintenance or utility charges).

Report Fraud

If you know of anyone who provided false information on a HUD housing assistance application or recertification or if anyone tells you to provide false information, report that person to the HUD Office of Inspector General Hotline. You can call the Hotline toll-free Monday through Friday, from 10:00 a.m. to 4:30 p.m., Eastern Time, at 1-800-347-3735. You can fax information to (202) 708-4829 or e-mail it to Hotline@hudoig.gov. You can write the Hotline at:

HUD OIG Hotline, GFI
451 7th Street, SW
Washington, DC 20410

Form HUD-1141



Authorization for the Release of Information/ Privacy Act Notice

To the U.S. Department of Housing and Urban Development (HUD)
And the Housing Agency/Authority (HA)

**U.S. Department of Housing
and Urban Development**
Office of Public and Indian Housing

PHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date) CLINTON TOWNSHIP HOUSING COMMISSION 34947 VILLAGE ROAD CLINTON TOWNSHIP MI 48035	IHA requesting release of information: (Cross out space if none) (Full address, name of contact person, and date)
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<p>Authority: Section 904 of the Stewart B. McKinney Homeless Assistance Amendments Act of 1988, as amended by Section 903 of the Housing and Community Development Act of 1992 and Section 3003 of the Omnibus Budget Reconciliation Act of 1993.</p> <p>This law is found at 42 U.S.C. 3544. This law requires that you sign a consent form authorizing: (1) HUD and the Housing Agency/Authority (HA) to request verification of salary and wages from current or previous employers; (2) HUD and the HA to request wage and unemployment compensation claim information from the state agency responsible for keeping that information; (3) HUD to request certain tax return information from the U.S. Social Security Administration and the U.S. Internal Revenue Service. The law also requires independent verification of income information. Therefore, HUD or the HA may request information from financial institutions to verify your eligibility and level of benefits.</p> <p>Purpose: In signing this consent form, you are authorizing HUD and the above-named HA to request income information from the sources listed on the form. HUD and the HA need this information to verify your household's income, in order to ensure that you are eligible for assisted housing benefits and that these benefits are set at the correct level. HUD and the HA may participate in computer matching programs with these sources in order to verify your eligibility and level of benefits.</p> <p>Uses of Information to be Obtained: HUD is required to protect the income information it obtains in accordance with the Privacy Act of 1974, 5 U.S.C. 552a. HUD may disclose information (other than tax return information) for certain routine uses, such as to other government agencies for law enforcement purposes, to Federal agencies for employment suitability purposes and to Has for the purpose of determining housing assistance. The HA is also required to protect the income information it obtains in accordance with any applicable State privacy law. HUD and HA employees may be subject to penalties for unauthorized disclosures or improper uses of the income information that is obtained based on the consent form. Private owners may not request or receive information authorized by this form.</p> <p>Who Must Sign the Consent Form: Each member of your household who is 18 years of age or older must sign the consent form. Additional signatures must be obtained from new adult members joining the household or whenever members of the household become 18 years of age.</p>	<p>Persons who apply for or receive assistance under the following programs are required to sign this consent form:</p> <ul style="list-style-type: none"> PHA owned rental public housing Turnkey III Homeownership Opportunities Mutual Help Homeownership Opportunity Section 23 and 19 (c) leased housing Section 23 Housing Assistance payments HA-owned rental Indian housing Section 8 Rental Certificate Section 8 Rental Voucher Section 8 Moderate Rehabilitation <p>Failure to Sign Consent Form: Your failure to sign the consent form may result in the denial of eligibility or termination of assisted housing benefits, or both. Denial of eligibility or termination of benefits is subject to the HA's grievance procedures and Section 8 informal hearing procedures.</p> <p>Sources of Information To Be Obtained State Wage Information Collection Agencies. (This consent is limited to wages and unemployment compensation I have received during period(s) within the last 5 years when I have received assisted housing benefits.)</p> <p>U.S. Social Security Administration (HUD only) (This consent is limited to the wage and self employment information and payments of retirement income as referenced at Section 6103(l)(7)(A) of the Internal Revenue Code.)</p> <p>U.S. Internal Revenue Service (HUD only) (This consent is limited to unearned income [i.e., interest and dividends].)</p> <p>Information may also be obtained directly from: (a) current and former employers concerning salary and wages and (b) financial institutions concerning unearned income (i.e., interest and dividends). I understand that income information obtained from these sources will be used to verify information that I provide in determining eligibility for assisted housing programs and the level of benefits. Therefore, this consent form only authorizes release directly from employers and financial institutions of information regarding any period(s) within the last 5 years when I have received assisted housing benefits.</p>
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Consent: I consent to allow HUD or the HA to request and obtain income information from the sources listed on this form for the purpose of verifying my eligibility and level of benefits under HUD's assisted housing programs. I understand that HAs that receive income information under this consent form cannot use it to deny, reduce or terminate assistance without first independently verifying what the amount was, whether I actually had access to the funds and when the funds were received. In addition, I must be given an opportunity to contest those determinations.

This consent form expires 15 months after signed.

Signatures:

_____ Head of Household	_____ Date		
_____ Social Security Number (if any) of Head of Household		_____ Other Family Member over age 18	_____ Date
_____ Spouse	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18	_____ Date	_____ Other Family Member over age 18	_____ Date
_____ Other Family Member over age 18 Date	_____ Date	_____ Other Family Member over age 18	_____ Date

Privacy Act Notice. Authority: The Department of Housing and Urban Development (HUD) is authorized to collect this information by the U.S. Housing Act of 1937 (42 U.S.C. 1437 et. seq.), Title VI of the Civil Rights Act of 1964 (42 U.S.C. 2000d), and by the Fair Housing Act (42 U.S.C. 3601-19). The Housing and Community Development Act of 1987 (42 U.S.C. 3543) requires applicants and participants to submit the Social Security Number of each household member who is six years old or older. Purpose: Your income and other information are being collected by HUD to determine your eligibility, the appropriate bedroom size, and the amount your family will pay toward rent and utilities. Other Uses: HUD uses your family income and other information to assist in managing and monitoring HUD-assisted housing programs, to protect the Government's financial interest, and to verify the accuracy of the information you provide. This information may be released to appropriate Federal, State, and local agencies, when relevant, and to civil, criminal, or regulatory investigators and prosecutors. However, the information will not be otherwise disclosed or released outside of HUD, except as permitted or required by law. Penalty: You must provide all of the information requested by the HA, including all Social Security Numbers you, and all other household members age six years and older, have and use. Giving the Social Security Numbers of all household members six years of age and older is mandatory, and not providing the Social Security Numbers will affect your eligibility. Failure to provide any of the requested information may result in a delay or rejection of your eligibility approval.

Penalties for Misusing this Consent:

HUD, the HA and any owner (or any employee of HUD, the HA or the owner) may be subject to penalties for unauthorized disclosures or improper uses of information collected based on the consent form.

Use of the information collected based on the form HUD 9886 is restricted to the purposes cited on the form HUD 9886. Any person who knowingly or willfully requests, obtains or discloses any information under false pretenses concerning an applicant or participant may be subject to a misdemeanor and fined not more than \$5,000.

Any applicant or participant affected by negligent disclosure of information may bring civil action for damages, and seek other relief, as may be appropriate, against the officer or employee of HUD, the HA or the owner responsible for the unauthorized disclosure or improper use.

LOW INCOME APPLICATION FOR ADMISSIONS TO
CLINTON TOWNSHIP HOUSING COMMISSION



34947 Village Road Clinton Twp. MI 48035

Ph 586-791-7000 Fax 586-792-6735

Project MI-040

*****PLEASE PRINT*****

DATE AND TIME APPLICATION RECEIVED _____

Office use only

The parties agree that the Resident's application for admission is attached to the lease and is incorporated therein by reference and that all of the statements made in this application are true and correct. **False statements are grounds for termination of lease and eviction from the premises.**

1. APPLICANT INFORMATION

APPLICANT NAME _____ CELL#(____) _____

HOME #(____) _____ OTHER #(____) _____

DRIVER'S LICENSE# _____

ADDRESS _____
Street City State Zip Code

CURRENT LANDLORD'S NAME _____ PHONE NUMBER _____

ADDRESS _____
Street City State Zip Code

PREVIOUS LANDLORD'S NAME _____ PHONE NUMBER _____

ADDRESS _____
Street City State Zip Code

2. FAMILY COMPOSITION

Person's who will move into your unit:

*****PLEASE PRINT*****

[illegible]

Anticipated changes in Family Composition: _____

3. INCOME (include social security, income from wages, unemployment compensation, etc.)

[illegible]

4. ASSETS

Do you have a checking account?	Yes_____	No_____
Do you have a savings account?	Yes_____	No_____
Do you own property?	Yes_____	No_____
Any other assets? (annuities, insurance policies, etc.)	Yes_____	No_____

If yes, list type of asset(s) _____

Estimated value of the above assets (combined)_____

5. PREFERENCES – The Clinton Township Housing Commission has a preference policy for admissions, and they are ranked as follows:

1. **Residents of Clinton Township** (defined as those living, working or having a bonafide job offer to work in the Township of Clinton) **with working head of household** (defined as working, or notified to work, a minimum of 20 hours or more a week, or collecting social security) receive the highest priority.
2. **Non-Residents of Clinton Township with working head of household** (see above definitions) receive the second highest priority.
3. **Residents of Clinton Township who are not working** (see above definitions) receive the third highest priority.

If all other factors are equal between applicants, then applicants are ranked by date and time of application.

Are you working an average of 20 hours or more per week?	Yes_____	No_____
Have you been offered a job in Clinton Township?	Yes_____	No_____
Are you a resident of Clinton Township?	Yes_____	No_____
Are you working in Clinton Township?	Yes_____	No_____
Does the head of household collect social security disability?	Yes_____	No_____
Does the head of household collect regular social security?	Yes_____	No_____

Important Note: The Housing Commission reserves the right to change their preference policy. If you are receiving a preference when your name comes to the top of the waiting list, you will be required to submit evidence of preference items prior to admittance. If your preference status changes, such as obtaining a job or losing a job, please notify the office of these changes so that you can be put in the proper position on our waiting list.

6. GENERAL INFORMATION

Are you, or a member of your household 62 years of age or older? Yes_____ No_____

Are you, or a member of your household disabled or handicapped? Yes_____ No_____

Name(s) of disabled/handicapped household member(s):_____

IF YOUR OR ANYONE IN YOUR FAMILY IS A PERSON WITH A DISABILITY AND YOU REQUIRE A
SPECIFIC ACCOMMODATION IN ORDER TO FULLY UTILIZE OUR PROGRAMS AND SERVICES,
PLEASE CONTACT THE HOUSING COMMISSION AT 586-791-7000

Do you currently, or have you ever lived in Low Income Housing? Yes_____ No_____

Name of complex	Address	Phone Number
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Did you complete your community service requirements, if applicable? Yes_____ No_____

Do you owe a balance? Yes_____ No_____

If yes, what is the balance? _____

Note: You cannot move into this complex if you owe any community service or money to another low income housing complex. You will also be excluded if you are on the sex offender's list, have a felony conviction less than 5 years old, or have a drug conviction for manufacturing methamphetamines.

I understand that this is not a contract and does not bind either party. The above information is full, true, and complete to the best of my knowledge. I have no objections to inquiries being mad for the purpose of verifying the statements made herein (Credit check, Police Check, Past/current landlords, income, etc.), and that this permission is granted for as long as I have my application on file with the Clinton Township Housing Commission

Signature of applicant

Date

Signature of co-applicant

Date

WARNING: Section 1001 of the U.S. Code makes it a Criminal Offense to make willful false statements or misrepresentations to any department or Agency of the U.S. as to any matter within its jurisdiction.

The Housing Commission updates the waiting list approximately once a year by U.S. mail. You will be sent an update form which you must fill out and return by the stated date in order to remain on our waiting list. Failure to do so will result removal from the list. Therefore, it is important that you keep us informed of your current address at all times. Also, report any changes in family composition, Clinton Township residency, or working status immediately to ensure that you are on the proper bedroom size waiting list with the proper preferences applied.